POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

I hereby revoke all previous powers of a	ttorney given in the applicati	ion identified in the attached	statement under
37 CFR 3.73(b). I hereby appoint:			
Practitioners associated with the Customer OR	Number: 35	5489	
Practitioner(s) named below (if more than to	en patent practitioners are to be na	med, then a customer number mus	t be used):
Name	Registration Number	Name	Registration Number
as attorney(s) or agent(s) to represent the undersi any and all patent applications assigned only to the attached to this form in accordance with 37 CFR 3	e undersigned according to the US		
Please change the correspondence address for th		ned statement under 37 CFR 3.73(t	o) to:
The address associated with Customer I	Number: 3548	39	
OR Firm or			
Address Individual Name			
City	State	Zip	
Country			
Telephone	Em	ail	
Assignee Name and Address:			
Genentech, Inc. (a corporation 1 DNA Way South San Francisco, CA 94080	•		
A copy of this form, together with a stater filed in each application in which this form	ment under 37 CFR 3.73(b) (Fo	orm PTO/SB/96 or equivalent ler 37 CFR 3.73(b) may be co) is required to be mpleted by one of

the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee. and must identify the application in which this Power of Attorney is to be filed.

SIGNATURE of Assignee of Record		
The individual whose signature and title is supplied below is authorized t	o act on behalf of the assignee	

Signature Date November 25, 2008 Name Mark Kresnak Telephone (650) 225-4461 Title Associate General Counsel, Director

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burder, should be sent to the Chef Information Officer.

U.S. Platert and Trademist, Office, U.S. Department of Commence, P.O. Box 1490, Alexandria, V.S. 22331-445; D. ONT SEND FEES OR COMPLETED FORMST OTHIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1490, Alexandria, V.A. 22313-145; D.

